**COVID-19 Individual Staff Risk Assessment Version 11 Updated: 30.7.21**

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| **Employee Details** | **Employee Name:** |  |
| **Job Title:** |  |
| **Manager Name:** |  |
| **Assessment Date:** | *DD/MM/YY* |
| **Review Date (Agree with staff member):** | *DD/MM/YY* |
| **Can member of staff work from home? (Y/N)** |  |
| **Location member of staff works/ will work if returning from home working** |  |

**Part 1: Staff Concerns**

List all agreed measures to support the member of staff:

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| **Employee Concerns with Regard to COVID-19** | |
| **Relevant personal circumstances to consider e.g. living with a vulnerable person or clinically extremely vulnerable person** |  |
| **Pregnancy/ new mother or birthing parent** |  |
| **Childcare and/or home schooling responsibilities** |  |
| **Carer\* responsibilities (these include long term/ established care as well as care needs that have arisen due to the pandemic/ lockdown)** |  |
| **Any health issues to consider** |  |
| **Any mental health, emotional wellbeing issues or Neurodiversity\*\* differences to consider** |  |
| **Staff member’s wishes / viewpoint (e.g. method of transport to work, hygiene arrangements, distancing requirements, consideration of additional PPE)** |  |

\* A carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.

\*\*Neurodiversity describes neurological differences that are recognised and respected as any other human variation. These differences can include people with Dyspraxia, Dyslexia, Attention Deficit Hyperactivity Disorder, Dyscalculia, Autistic Spectrum, Tourette Syndrome, and others.

**Part 2: Individual Factors**

Discuss each of the questions below. The more individual factors that have been identified the greater potential risk to that individual.

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| **Individual Factors** | **Individual Staff Member is?** | **Tick All that Apply** |
| Employed/ volunteers in another health and/or care role outside of council? *e.g. nursing home or other health/ care setting (not including ‘informal’ carer responsibilities outside of work)* |  |
| Aged over 50 |  |
| At birth were described as male |  |
| Intersex |  |
| Pregnant |  |
| BME: Black, Asian, Mixed Ethnicity, Arab or another ethnicity? *Evidence of the disproportionate effect of COVID 19 on BME communities continues to emerge.*  Jewish People: *There is ongoing research into the relationship between religious affiliation and the impact of Covid in these groups.* [*Researchers have found*](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7789199/pdf/jech-2020-215694.pdf) *that people that identify with major religious groups experience a higher risk of mortality when adjusted for age than those of no religion and considers the factors that may play a significant role in explaining the relationship.  Taking these factors into account the researchers noted there remained an unexplained residual increase in risk for Jews, particularly in men and the reasons for this are still being explored. However, most of these factors, when applied to the Jewish community, appear to be based on those living in large tight-knit family groups in the ultra-Orthodox communities in London and Manchester. The regular daily communal prayer services, attended only by men, may also contribute to the spread of Covid in these communities and the higher male mortality rate. Jewish community representatives have advised BHCC that the Jewish community in Brighton and Hove is not an ultra-Orthodox one, has a high vaccination uptake level and over the last 18 months did not show a higher than average mortality rate and there appears to be no increased Covid risk within the local community.*  *Current evidence focuses on BME impacts in terms of vulnerability and impacts. Staff from other white backgrounds such as white European are not considered to be at any more risk than the population at large*  *The key risk factors for everyone remains their age and health condition (particularly those Clinically Extremely Vulnerable) which is why these groups are the national priority groups for vaccination.* |  |
| ***Priority Groups for Vaccination:***  *Does the employee have an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):*   * *Individuals with significant health conditions such as chronic (long-term) respiratory diseases that are severe, such as asthma that requires an inhaler; chronic obstructive pulmonary disease (COPD), emphysema or bronchitis)* * *Individuals with significant health conditions that mean they have a high risk of getting infections* * *Individuals with significant health conditions such as chronic heart disease, e.g. heart failure* * *Individuals with significant health conditions such as chronic kidney disease* * *Individuals with significant health conditions such as chronic liver disease, e.g. as hepatitis* * *Individuals with significant health conditions such as chronic neurological conditions, e.g. Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy* * *Individuals with Diabetes* * *Individuals with significant health conditions who are taking medication that can affect the immune system (such as low doses of steroids)* * *Individuals over the age of 70* * *Individuals who are pregnant (please* [*see advice about coronavirus and pregnancy from the Royal College of Obstetrics and Gynaecologists*](https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/)*)* * *Individuals who have a body mass index (BMI) of 40 or above.* |  |
| ***In the Clinically Extremely Vulnerable (High Risk) Group***  *People that have been identified as clinically extremely vulnerable to Covid-19 will previously have received a letter / text message from the NHS/ UK Government or been advised by their GP. They may also have been advised to shield in the past (the shielding programme has now ended.) Staff that are no longer classified as ‘extremely clinically vulnerable’ should still be considered under this process but taking into account why their status may have changed which may reduce the potential risk.*  *Staff may have been identified as clinically extremely vulnerable and have been on the Shielded Patient List if:*   1. *They have one or more of the conditions listed below.* 2. *Their clinician/ GP added them to the Shielded Patient list based on their clinical judgement that they may be at higher risk of serious illness if they catch the virus* 3. *They have been identified through the* [*COVID-19 population risk assessment*](https://digital.nhs.uk/coronavirus/risk-assessment/population) *as potentially being at high risk of serious illness if they catch the virus*.   *• solid organ transplant recipients*  *• people with specific cancers:*  *• people with cancer who are undergoing active chemotherapy*  *• people with lung cancer who are undergoing radical radiotherapy*  *• people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment*  *• people having immunotherapy or other continuing antibody treatments for cancer*  *• people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors*  *• people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs*  *• people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)*  *• people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease)*  *• people on immunosuppression therapies sufficient to significantly increase risk of infection*  *• problems with your spleen, for example splenectomy (having your spleen removed)*  *• adults with Down’s syndrome*  *• adults on dialysis or with chronic kidney disease (stage 5)*  *• women who are pregnant with significant heart disease, congenital or acquired*  *• other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs – GPs and hospital clinicians have been provided with guidance to support these decisions*  Ensure the ‘*Clinically Extremely Vulnerable’* Section in ‘Part 4: Control Measures’ is completed |  |
| ***Shielded Group -* Shielding was ended as of 28 September 2021** |  |

**Part 3: Workplace Factors**

The ‘COVID-19 Risk Assessment for Services’/ ‘School COVID-19 Re-opening Risk Assessment’ identifies the general hazards and control measures in place for your team/ service/ school.

Using that assessment, discuss and identify any specific risks to the individual bearing in mind any additional risk factors identified in Part 2 and any concerns staff have. Do not repeat/ ‘cut and paste’ all hazards across to this assessment - only record issues that have been identified in discussion with the member of staff being assessed.

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| **Workplace Factors** | **Potential Hazard to Staff Member** | **Employee Concerns** | **Support and Additional Control Measures Agreed** |
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**Precautionary Approach after National Restriction Lifting**

The council are taking a precautionary approach to the national lifting of covid restrictions whereby:

* The COVID-19 Risk Assessment for Services’/ ‘School COVID-19 Re-opening Risk Assessment’ templates have been reviewed following the most recent government guidance and services have been asked to review their own risk assessments accordingly. Some arrangements, such as those for hygiene, cleaning regimes and ventilation have continued as per government recommendations. BHCC has also recommended that staff (again as per government guidance), continue to wear face coverings in environments which are enclosed, crowded and where they are in contact with people they don’t usually meet, for instance when walking around buildings or when encountering members of the public. It is also recommended that 1 metre + social distancing is adhered to where possible, particularly in rooms with poorer ventilation, such as meeting rooms.
* From 13th September 2021 onwards, there has been a phased reopening of offices and hybrid ways of working. However, as there have continued to be high numbers of Covid cases, both locally and nationally, in some services, some staff have continued to work mainly from home, where service needs have allowed this

This approach will be kept under review in accordance with the local Public Health Guidance, infection rates and changes to national guidance

**Clinically Vulnerable / Clinically Extremely Vulnerable (CEV) / ‘Shielding’ Staff**

The shielding programme has now ended in England and the government has advised people in that category to as a minimum, continue to follow the same  general [guidance](https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do?priority-taxon=774cee22-d896-44c1-a611-e3109cce8eae)  as the rest of the population. However, they have also stated that people in the CV and CEV categories should consider advice from their health professional on any additional precautions they might take and should also consider, alongside this advice, if any further personal precautions are needed. The guidance suggests measures such as:

* considering whether they and those they are meeting have been vaccinated – e.g. waiting until 14 days after everyone’s second dose of a COVID-19 vaccine before being in close contact with others
* considering continuing to practice social distancing
* asking people they will be in contact with to take a rapid lateral flow antigen test
* asking people who they meet to wear face coverings
* avoiding crowded spaces

These suggestions are set out in the guidance as individual choices rather than those that an employer might put in place in a workplace context, however services should consider as part of this assessment what precautions can also be followed while at work to ensure that CV and CEV staff feel confident to return safely to their workplace

Where service needs allow, ‘Clinically Vulnerable’ staff and Clinically Extremely Vulnerable (CEV) staff should continue to be given the option to work from home. However, where this is not possible these staff can attend a COVID Secure workplace. COVID Secure guidance must be strictly adhered to and a COVID-19 Services Risk Assessment/ School COVID-19 Re-opening Risk Assessment must have been completed to cover the workplace/ work activities that relate to them.

**NOTE: Vaccinated Staff**

A number of staff including the vast majority of CEV staff are likely to have received their first or both Covid 19 vaccination injections, however even when both doses have been administered this does not completely remove all risk and Covid secure measures **need to be maintained**. Public Health England data also suggests reduced effectiveness for the immunocompromised/immunosuppressed group, particularly after one dose. Although effectiveness after two doses is around 74%, this masks the substantial variation expected to be seen in those with compromised immune systems. Therefore, until further information becomes available about vaccine effectiveness, vaccinated patients with immunosuppression are advised to continue to follow advice to reduce the chance of exposure

The government has also announced COVID-19 booster vaccines to the most vulnerable, starting from September 2021. The booster programme will aim to provide additional resilience against variants, and maximise protection in those who are the most vulnerable to serious disease from COVID-19.

The vaccination will provide some confidence for CEV staff but the level of anxiety these staff may feel should not be underestimated and so a careful and supportive approach is required when discussing a return to work. This is more likely the longer that someone has been out of the workplace. Managers are advised to consider and discuss with staff measures that will facilitate confidence and a successful return to work.

**NOTE: Use of Face Coverings by Staff**

Wearing a face covering is recommended when moving around shared work spaces including kitchens and walkways. There is specific guidance for staff in schools which must be followed.

Managers must support their staff in using face coverings safely. Staff are expected to follow the following guidance [[Face coverings: when to wear one, exemptions, and how to make your own - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own)].Homemade face covering should follow: [Government guidance on how to wear and make a face-covering](https://www.gov.uk/government/publications/how-to-wear-and-make-a-cloth-face-covering/how-to-wear-and-make-a-cloth-face-covering). Face coverings should be appropriate for the workplace in terms of fabric design and not include logos/ slogans etc.

**Part 4: Control Measures****:**

Identify any control measures needed to support the member of staff that are in addition to the general control measures identified in the Services COVID-19 RA. Discuss each additional measure listed below and indicate in the end column all control measures agreed with staff that will be applied.

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| **Control Measures to Address Concerns (that were identified in Parts 1 to 3)** | **Tick all Control Measures that will apply:** |
|  |  |
| **First Consider: Remote working if enabled (access to equipment/Wi-Fi or access has been requested from IT)** |  |
| **If Unable to Work from Home** | |
| Deployment to lower-risk area |  |
| Consider compressing work hours, flexible hours or changing shift patterns to periods where there are fewer people on site |  |
| Work place will be adapted to ensure physical distancing is in place |  |
| Whether public transport / rush hour can be avoided through adjustment to work hours |  |
| Staff member works in designated work area with own equipment, workstation etc |  |
| Where possible, staff member is provided with hands-free technology e.g. phone headsets |  |
| Staff member has access to necessary cleaning materials and equipment to allow for regular cleaning of work area |  |
| Staff member has access to a wash station for regular hand washing |  |
| Where access to a wash station is not possible, staff member provided with their own supply of cleaning wipes and alcohol based hand gel (note: both cleaning wipes and gel are necessary to allow staff to clean and sanitise their hands regularly) |  |
| Staff provided with a location to store coat/ personal belongings in a separate location from other staff where possible |  |
| Staff that are required to wear a uniform are provided sufficient sets to allow for clothes to be changed daily and given cloth bags to transfer clothing at the end of a shift home (clothing is then laundered at home whilst in the cloth bag) |  |
| Consideration given to where staff take their breaks/ prepare own food/drinks and access to toilet facilities to ensure physical distancing is maintained as far as possible |  |
| Ensure existing arrangements to support medical or other personal needs including expressing breast/chest milk are maintained and can be facilitated safely (e.g. use of faith rooms and First Aid Rooms.) |  |
| Consider not including staff member on First Aid rotas/ prohibit them from undertaking first aider duties (if applicable) (Note: If providing First Aid forms part of their role consider whether it is safe for them to carry out those duties and seek advice (see support below) |  |
| **Exposure to Human Behaviours that May Create Aerosols**  *Service user/ resident/ member of public may display behaviours that generates aerosols such as spitting, coughing, shouting in the presence of staff etc (either intentional or not) within close proximity (<2m)* | |
| Identify any resident/ service user/ member of public/ pupil with known behaviours and limit the duration of close interaction with them |  |
| Maintain >2m distance from resident/ service user/ member of public/ pupil |  |
| Meet outside if possible, or if meeting inside, make sure the space is well ventilated; open windows and doors or take other action to let in plenty of fresh air – see [the COVID-19: ventilation of indoor spaces guidance for more information](https://www.gov.uk/government/publications/covid-19-ventilation-of-indoor-spaces-to-stop-the-spread-of-coronavirus) |  |
| Consider the use of a screen to provide a barrier between the member of staff and others (follow Property & Design/ Workstyles principles for the design) |  |
| Asking to wear mask for staff member interactions (worn in accordance with PPE Rationale Flowchart) |  |
| Provide surgical mask for staff member for all interactions with patients/office colleagues or specimens (worn in accordance with PPE Rationale Flowchart) |  |
| If applicable - Staff member to wear FFP3 (Filtering facepieces that protects from aerosols e.g. virus in airborne droplets) in area where for example Aerosol Generating Procedure (AGP) is undertaken on suspected/confirmed Covid (worn in accordance with PPE Rationale Flowchart) |  |
| **Health or Care Settings** | |
| Limit the duration of close interaction with resident/ service user (e.g. prepare everything in advance away from person) |  |
| If possible maintain >2m distance from resident/ service user |  |
| Staff member trained on effective hand washing technique |  |
| Asking to wear mask for staff member interactions (worn in accordance with PPE Rationale Flowchart) |  |
| Provide surgical mask for staff member for all interactions with residents/ colleagues or specimens (worn in accordance with PPE Rationale Flowchart) |  |
| If applicable - Staff member to wear FFP3 (Filtering facepieces that protects from aerosols e.g. virus in airborne droplets) in area where for example Aerosol Generating Procedure (AGP) is undertaken on suspected/confirmed Covid (worn in accordance with PPE Rationale Flowchart) |  |
| If applicable - Staff member will leave area for 20mins when for example an AGP is undertaken on a suspected/confirmed Covid person |  |
| **PPE** | |
| PPE Rationale is followed to identify the need for PPE for work tasks carried out |  |
| Staff member is trained to use appropriate PPE |  |
| Staff member is confident and competent in using appropriate PPE |  |
| Staff member is fit-tested for their PPE (required for FFP3) |  |
| Appropriate PPE is available at all times |  |
| Where PPE is applicable but not all boxes in the PPE section above are ticked, the staff member should move to low-risk, non-service user/ resident/ pupil facing or work from home role. |  |
| **Pregnant Staff (Note this relates to all stages of pregnancy)**  *NB. Studies show that pregnant people are no more likely to get COVID-19 than other healthy adults, but are at slightly increased risk of becoming severely unwell if they do catch the virus, and are more likely to have pregnancy complications like preterm birth or still birth. The risk increases in the 3rd trimester (after 28 weeks) of pregnancy. Further guidance is available* [*here*](https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/) | |
| Where possible, pregnant workers should be offered the choice of whether to work in direct people-facing roles during the COVID-19 pandemic. This choice should be respected and supported by their employers. See following table for further options. |  |
| Consider contacting Occupational Health to obtain clinical advice |  |
| Limit the duration of close interaction with resident/ service user/ pupil (e.g. prepare everything in advance away from person) |  |
| If possible maintain >2m distance from resident/ service user/ pupil |  |
| Staff member trained on effective hand washing technique |  |
| Asking to wear mask for staff member interactions (worn in accordance with PPE Rationale Flowchart) |  |
| Provide surgical mask for staff member for all interactions with residents/member of public/ pupil (worn in accordance with PPE Rationale Flowchart) |  |
| If applicable - Staff member to wear FFP3 (Filtering facepieces that protects from aerosols e.g. virus in airborne droplets) in area where for example Aerosol Generating Procedure (AGP) is undertaken on suspected/confirmed COVID (worn in accordance with PPE Rationale Flowchart) |  |
| If applicable - Staff member will leave area for 20mins when an AGP is undertaken on a suspected/confirmed COVID person |  |
| **Clinically Extremely Vulnerable (CEV) (in addition to above)** | |
| Establish appropriate home-working for individual if enabled / operationally feasible |  |
| Discuss temporary deployment options to a home working role |  |
| Structured reinduction into the workplace |  |
| Informal visits to the workplace before returning |  |
| Phased return over a period of time |  |
| **Others (add detail)** | |
|  |  |

**Further controls where risk to the individual is considered to be higher including staff that are pregnant**

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| **Further Control Measures** | | **Tick Control Measure that**  **will apply:** |
| 1. | Establish appropriate home-working for individual if enabled / operationally feasible. |  |
| 2. | In Care/ Health Setting - The individual should avoid caring for any suspected or confirmed COVID-19 residents/ service users |  |
| 3. | Deployment should be discussed as an option to a lower-risk area or to a different low-risk role. In the case of pregnant staff (especially those with underlying health conditions), consider deploying them in non-face to face roles which do not involve working with residents/ service users/ members of the public or pupils. |  |
| 4. | If none of the above are feasible and identified controls are not able to sufficiently mitigate identified risks then the staff member may need to be on special leave on normal pay. Please contact Human Resources if this is the case. |  |

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| **Signed: Manager** |  | **Date:** |  |
| **Signed: Staff member** |  | **Date:** |  |

**Further Support**

If upon completing the risk assessment you are not sure how to proceed you can contact:

**Attendance and Wellbeing Team – HROD – Email:** [HRAttendance@brighton-hove.gov.uk](mailto:HRAttendance@brighton-hove.gov.uk)

**Health & Safety Team – Email:** [health&safety@brighton-hove.gov.uk](mailto:health&safety@brighton-hove.gov.uk)

**Occupational Health**: Team Prevent can assist with Occupational Health advice and ‘Fitness to Work’ checks in relation to a declared or known health condition. There is a dedicated **Rapid Referral Manager Advice Line** - to assist managers and aid making a rapid referral for those employees who are ‘at very high risk’ or ‘at high risk’ - 01327 810793, Monday to Friday, 08.30-16.30

**Agreeing Measures and Support Available**

Wherever possible the aim should be to reach agreement with employees on the measures to be put in place that will enable them to work safely. If agreement cannot be reached between the employee and manager on the measures required to enable a member of staff to work safely, advice will be sought from Health & Safety and Human Resources and involving an individual’s Trade Union representative as appropriate. All efforts to come to an agreement will be exhausted before finalising the risk assessment and any expectation of an individual changing their working arrangements. If agreement cannot be reached, as a last resort, staff may raise a grievance through the formal Grievance Procedure to resolve any dispute. No changes to existing working arrangements will be made under this risk assessment process while the dispute remains unresolved and before the Grievance Procedure is exhausted.